

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4						
5	2					
6	2					
7	2					
8	1					
9	1					
10	1					
11	1					
12	1					
13	2					
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50						
TOTAL IND.	19		19		19	
TOTAL DEP.						
TOTAL CLAIMS	21		21		21	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			19		19	
TOTAL DEP.						
TOTAL CLAIMS	21		21		21	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS